

W1900009650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000085628

Office Use Only



700333962957

00 11 13 - 001 5 - 001 1 - 000 1 1

TALLAHASSEE, FLORIDA

2019 OCT -4 PM 3:11

FILED



*Sent out
9/30/19*

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2019

DR. KRISTIN M. KOSMERL
3581 S. OCEAN BLVD.
APT:5A
PALM BEACH, FL 33480

SUBJECT: AUTISM & BEHAVIORAL CONSULTING, LLC
Ref. Number: W19000085628

We have received your document for AUTISM & BEHAVIORAL CONSULTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 719A00019584

RECEIVED
OCT 04 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Autism & Behavioral Consulting, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Commonwealth of Pennsylvania 3. 45-4611960
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 3581 S. Ocean Blvd, Apt. 5A 6. 3581 S. Ocean Blvd, Apt 5A
(Street Address of Principal Office) (Mailing Address)
Palm Beach FL 33480 Palm Beach FL 33480

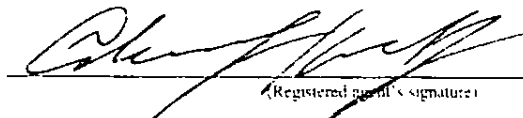
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Edward J. Kosmerl

Office Address: 3540 S. Ocean Blvd, Apt 804
Palm Beach, Florida 33480
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

FILED
2019 OCT -4 PM 3:12
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Kristin M. Kosmerl		<input type="checkbox"/> Manager	Name:	Bennie Kosmerl	
<input type="checkbox"/> Member	Address:	3581 S. Ocean Blvd		<input type="checkbox"/> Member	Address:	3540 S. Ocean Blvd	
<input type="checkbox"/> Authorized		Unit 5A		<input type="checkbox"/> Authorized		Unit 804	
Person		Palm Beach FL 33480		Person		Palm Beach FL 33480	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kristin M. Kosmerl, BCBA-D, LBS, CAS
Signature of an authorized person

Kristin M. Kosmerl
Typed or printed name of signer

FILED
2019 OCT -6 PM 3:12
TALLAHASSEE, FLORIDA

AUTISM & BEHAVIORAL CONSULTING, LLC
DR. KRISTIN AL. KOSNIER
609-763-7661
1540 S. OCEAN BLVD. UNIT 302
PALM BEACH, FL 33480

1249

3502110

9/6 19
Florida Dept of State
one hundred sixty : 160.00

WELLS FARGO BANK, N.A.
WWW.WELLSFARGO.COM

filed fee cert
10/11/20

Dr. Kristin M. Kosnier

67129 1655669726 :E050009E0:1

LEONARD L. SMITH
TALLAHASSEE, FLORIDA

2019 OCT -4 PM 3:12

FILED

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/30/2019

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

Autism & Behavioral Consulting, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190930100457-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

FILED
2019 OCT -4 PM 3:13
TALLAHASSEE, FLORIDA